STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIF	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G	01	COMPL	
		155292	B. WING			08/30/	2012
	PROVIDER OR SUPPLIE	R	20	26 E 5	DDRESS, CITY, STATE, ZIP CODE 54TH ST APOLIS, IN 46220		
(X4) ID PREFIX		STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL	ID PREF		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TF	(X5) COMPLETION
TAG	REGULATORY O	R LSC IDENTIFYING INFORMATION)	TA	.G	DEFICIENCY)		DATE
K0000	Licensure and C Walk-thru Survey Indiana State Do accordance with Survey Date: 0 Facility Number Provider Number AIM Number: Surveyor: Mark Code Specialist At this Life Safe American Village compliance with Participation in CFR Subpart 48 Fire and the 200 Fire Protection Life Safety Cod Existing Health 410 IAC 16.2.  American Village Harrison Hall w Washington Ma This facility wa III (211) constru	r: 000189 er: 155292 100267330 k Caraher, Life Safety	K0000		The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credit Allegation and respectfully requests a desk review in lieu an onsite post survey revisit or after September 29, 2012.	ot of of	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiencystatement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE C		(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	01	COMPLETED
		155292	B. WING		08/30/2012
NAME OF F	PROVIDER OR SUPPLIEI	3		ADDRESS, CITY, STATE, ZIP CODE	
		-		54TH ST	
AMERIC	AN VILLAGE		INDIAN	NAPOLIS, IN 46220	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE
TAG		LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
	1	gton Manor houses an			
	Alzheimer wing	. The facility has a fire			
	alarm system wi	th smoke detection in the			
	corridors and in	all areas open to the			
	corridor. The fa	cility has battery operated			
	smoke detectors	in all resident sleeping			
		lity has a capacity of 151			
		s of 142 at the time of this			
	survey.				
	]				
	The facility was	found not in compliance			
	with state law in	regard to sprinkler			
		acility was found in			
	_	the state law in regard to			
	smoke detector	•			
	Silloke detector	coverage.			
	All areas where	residents have customary			
		nklered except for the			
	_	at the Harrison Hall Main			
		reas providing facility			
		_			
	_	rinklered except the			
	detached storage	e and repair shed.			
	Quality Review by	Robert Booher, Life Safety			
		edical Surveyor on 09/05/12.			
	<b>,</b>	•			
	The facility was	found not in compliance			
	with the aforeme	entioned regulatory			
		evidenced by the			
	following:	-			
	<i>S</i> .				

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Event ID: KDN021

Facility ID: 000189

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA					SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN		<sub>IG</sub> 01		COMPLETED	
		155292	B. WIN	G		08/30/	2012	
	ROVIDER OR SUPPLIER			2026 E	ADDRESS, CITY, STATE, ZIP CODE 54TH ST APOLIS, IN 46220			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	The same training at the same training at		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	. =	DATE	
K0021 SS=E	enclosure, horizon hazardous area en by devices arrangall such doors by facility upon activation of the automatic sinstalled. 19.2.2 Based on observation facility failed to serving hazardou kitchen was held arranged to auton upon activation of This deficient processidents, kitchen Main Dining Roof Findings include. Based on observation of This deficient processidents, kitchen Main Dining Roof Findings include. Based on observation of the deast door in the east door in the doors to the Main open by a door stallow the door to allow the door to allo	atit passageway, stairway Intal exit, smoke barrier or Inclosure is held open only Iged to automatically close Iged to automatically of the fire alarm system Iged to automatically close the door Iged to automatically close Iged to automatically clo	K00	)21	K 021 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice. No resident were identified for the alleged deficient practice How will you identify other residents having the potential to be affected by the same deficient practice a what corrective action will be taken. No residents were identified for the alleged deficie practice. Integrated Electronic will install a door holder that we automatically close upon activation of the fire alarm system on September 21, 2012. The Dietary Department was in-serviced on September 17, 2012 that the door will automatically close upon activation of the fire alarm systemWhat measures will be	ng y nd e ent cs vill	09/29/2012	

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	of correction identification number:  155292	A. BUILDING  B. WING	COMPLETED 08/30/2012
	PROVIDER OR SUPPLIER AN VILLAGE	STREET ADDRESS, CITY, STATE, 2026 E 54TH ST INDIANAPOLIS, IN 46220	ZIP CODE
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN ( PREFIX (EACH CORRECTIVE AC CROSS-REFERENCED TC TAG DEFICIEN	TION SHOULD BE COMPLETION CY) COMPLETION DATE
	Based on interview at the time of observation, the Director of Maintenance Director acknowledged a door stop was used to hold open the east door in the set of two kitchen exit doors to the Main Dining Room which would not allow the door to automatically close upon activation of the fire alarm system  3.1-19(b)	put into place or changes you will ensure that the depractice does not Department Mana will round daily to hazard free environ corrective actions monitored to ensure deficient practice i.e., what quality approgram will be possible. Maintenance start rounds. If concern data collected will the CQI committee Compliance date: 29, 2012	make to eficient recur gers/designee ensure a nment. How the (s) will be ure the will not recur, assurance ut into place till will conduct as arise the be submitted to e for review.

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STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) M	JLTIPLE CC	ONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 01 COM		COMPLI	ETED	
		155292	B. WIN			08/30/2	2012
NAME OF B	DOLUDED OD CLIDDLIED		_	STREET A	ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
NAME OF P	ROVIDER OR SUPPLIER			2026 E	54TH ST		
AMERICA	AN VILLAGE			INDIAN	APOLIS, IN 46220		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OF THE APPROPRIATE	ΓE	COMPLETION
		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
K0029 SS=E	NFPA 101 LIFE SAFETY CO One hour fire rate hour fire-rated do automatic fire extra accordance with 8 protects hazardou approved automat system option is a separated from or resisting partitions self-closing and in protective plates a inches from the b permitted. 19.3 Based on observation facility failed to doors opening in Room closed automativation of the Furthermore, door required to latch closed to keep the resist the passage deficient practice residents, staff and of the Main Dini Findings include  Based on observation from 12:10 p.m. the east door in the doors to the Main equipped with a service of the service of the Main equipped with a service of the service of the Main equipped with a service of the servic	ed construction (with 3/4 ors) or an approved inguishing system in 8.4.1 and/or 19.3.5.4 as areas. When the stic fire extinguishing used, the areas are ther spaces by smoke and doors. Doors are con-rated or field-applied that do not exceed 48 ottom of the door are 5.2.1 ation and interview, the ensure 1 of 2 kitchen to the Main Dining comatically or upon fire alarm system. Ors to hazardous areas are into the door frame when the door tightly closed to be of smoke. This are could affect 60 and visitors in the vicinity ing Room.  Example 1 of 2 kitchen to the door frame when the door tightly closed to be of smoke. This are could affect 60 and visitors in the vicinity ing Room.  Example 1 of 2 kitchen to the door frame when the door tightly closed to be of smoke. This are could affect 60 and visitors in the vicinity ing Room.	K00	TAG	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice No residents were identified for the alleged deficient practice How will you identify other residents having the potentiat to be affected by the same deficient practice and what corrective action will be taken No residents were identified for the alleged deficient practice.  Tinders Lock installed positive latching mechanisms and an astrical on the center of the door for a smoke barrier or 9/14/12.  What measures will be put in place or what systemic changes you will make to	n r of	09/29/2012
ı	door closer and a	n positive latching			ensure that the deficient		

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	OF CORRECTION IDENTIFICATION NUMBER:  155292	A. BUILDING  B. WING	COMPLETED 08/30/2012
	PROVIDER OR SUPPLIER  AN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2026 E 54TH ST INDIANAPOLIS, IN 46220	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODE TAG	ON BE PRIATE COMPLETION DATE
	mechanism to latch the door into the door frame. Based on interview at the time of observation, the Director of Maintenance acknowledged the east door in the set of two kitchen doors opening into the Main Dining Room did not self close and latch into the door frame.  3.1-19(b)	practice does not recur Department Managers/designee will rou daily to ensure a hazard fre environment.  How the corrective action will be monitored to ensu deficient practice will not i.e., what quality assurance program will be put into p Maintenance staff wi conduct rounds If concerns the data collected will be submitted to the CQI comm for review. Compliance date: Septem 29, 2012	und ee  (s) re the recur, ce blace ill s arise

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Event ID: KDN021

Facility ID: 000189

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l í			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV			SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 01			COMPLE	ETED
		155292	B. WIN			08/30/2	2012
	ROVIDER OR SUPPLIER			2026 E	ADDRESS, CITY, STATE, ZIP CODE 54TH ST JAPOLIS, IN 46220		(75)
PREFIX		FATEMENT OF DEFICIENCIES		PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
TAG		CY MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	ΓE	COMPLETION DATE
		LSC IDENTIF TING INFORMATION)		TAG			DATE
K0048 SS=B	all patients and for event of an emerging Based on record facility failed to a fire extinguishers safety plans for the requires written Infire safety plans and following:  (1) Use of alarms (2) Transmission department (3) Response to a (4) Isolation of five facility of the facility of	plan for the protection of or their evacuation in the gency. 19.7.1.1 review and interview, the include the use of kitchen is in 1 of 1 written fire the facility. LSC 19.7.2.2 thealth care occupancy shall provide for the	K00	048	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice No residents were identified for the alleged deficient practice How will you identify other residents having the potentiat to be affected by the same deficient practice and what corrective action will be take No residents were identified for the alleged deficient practice The Disaster Plan has been updated with the followin Appliance Fires in the Kitchen under the hoods—In the event an appliance fire in the kitchen under the hood push the Anse system button if the fire still needs extinguished then use to ABC fire extinguishers or the kitchen class fire extinguishers  What measures will be put in	n n g: : of i	09/29/2012
	"General Action	Fire Plan"			place or what systemic	-	
	documentation w	vith the Director of			changes you will make to		
		ring record review from			ensure that the deficient		
		75 a.m. on 08/30/12, the			practice does not recur		
		fire safety plan did not			· Department		
	_	• •			Managers/designee will round daily to ensure a hazard free		
	address the use o				environment.		
	extinguishers and	a the K-class fire			CHAIROINIONE.		

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	NT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER: 155292	(X2) MULTIPLE CO A. BUILDING B. WING	01	(X3) DATE SURVEY COMPLETED 08/30/2012
	PROVIDER OR SUPPLIER	2026 E	ADDRESS, CITY, STATE, ZIP CODE 54TH ST IAPOLIS, IN 46220	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	(X5) COMPLETION DATE
	extinguisher located in the kitchen in relationship with the use of the kitchen overhead extinguishing system. Based on interview at the time of record review, the Director of Maintenance acknowledged the written fire safety plan for the facility did not include the policy to activate the overhead hood extinguishing system to suppress a fire before using either the ABC type fire extinguisher or the K-class fire extinguisher.  3.1-19(b)		How the corrective action(s will be monitored to ensure deficient practice will not re i.e., what quality assurance program will be put into play. Maintenance staff will conduct rounds. If concerns arise the data collected will be submitted to the CQI commit for review.  Compliance date: Septemb 29, 2012	e the ecur, ace

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE C			ULTIPLE CC	ONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 01 COMPLETED			ETED	
		155292	B. WIN		<del></del>	08/30/	2012
			D. ((1)		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER				54TH ST		
AMERICA	AN VILLAGE				IAPOLIS, IN 46220		
		TATEL OF DEPLOYED AND	1		, -	1	(715)
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES  CY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	*	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIADEFICIENCY)	ΓE	DATE
K0056	NFPA 101	ESC IDENTIFTING INFORMATION)		IAG			DATE
SS=E	LIFE SAFETY CO	ODE STANDARD					
00-L		matic sprinkler system, it is					
		dance with NFPA 13,					
	Standard for the I	nstallation of Sprinkler					
	•	de complete coverage for					
		building. The system is					
		ed in accordance with					
		ord for the Inspection, and the Inspection, and the Inspection, are the Inspection, and the Inspection, and the Inspection, are the Inspection, are the Inspection, and the Inspection, are the Inspection and Inspection are the Inspection and Inspection are the Inspe					
	Fire Protection Sy						
		e is a reliable, adequate					
	•	he system. Required					
		are equipped with water					
	•	switches, which are					
		cted to the building fire					
	,	19.3.5	17.00	\5.C			00/20/2012
		ation and interview, the	K00	156	K 056		09/29/2012
		provide sprinkler			What corrective action(s) will		
	coverage for 1 of	f 1 combustible exterior			be accomplished for those residents found to have been		
	canopies wider th	han 4 feet. NFPA 13,			affected by the deficient		
	1999 Edition, Se	ection 5-13.8.1 requires			practice		
	sprinklers shall b	oe installed under			No residents were identified fo	r	
	combustible exte	erior roofs or canopies			the alleged deficient practice		
		in width. This deficient					
	•	fect 60 residents, staff					
		g the Harrison Hall Main			How will you identify other		
		g the Hairison Hair Wain			residents having the potentia	ll.	
	Entrance.				to be affected by the same deficient practice and what		
					corrective action will be take	n	
	Findings include				No residents were		
					identified for the alleged deficie	ent	
	Based on observa	ation with the Director of			practice Department		
	Maintenance dur	ring a tour of the facility			Managers/designee will round		
	from 12:10 p.m.	to 2:55 p.m. on 08/30/12,			daily to ensure a hazard free		
	_	py at the Harrison Hall			environment.		
		xtended twenty feet from					
		sisted partially of wood			What measures will be put in	to	
	and canading, con	paradity of wood				- <del>-</del>	

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	OF CORRECTION	IDENTIFICATION NUMBER: 155292	A. BUILDING B. WING	<u>01</u>	COMPLETED 08/30/2012
	PROVIDER OR SUPPLIEF		2026 E	ADDRESS, CITY, STATE, ZIP CODE E 54TH ST NAPOLIS, IN 46220	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
	automatic sprink at the time of ob Maintenance acl canopy at the Ha Entrance was of construction, ext feet from the but	was not provided with alers. Based on interview servation, the Director of knowledged the exterior arrison Hall Main combustible anded more than four alding and was not atomatic sprinklers.		place or what systemic changes you will make to ensure that the deficient practice does not recur  A sprinkler system for the canopy at the Harrison Hall Make Entrance will be installed by September 29, 2012.  How the corrective action(s) will be monitored to ensure the deficient practice will not recise, what quality assurance program will be put into place.  Maintenance staff will conduct rounds. If concerns arise the data collected will be submitted to the CQI committed for review.  Compliance date: September 29, 2012	he cur, e

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DA			(X3) DATE S	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 01 COMPLET			ETED	
		155292	A. BUII B. WIN			08/30/	2012
			B. WIIN	_	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER				54TH ST		
AMEDIC/	AN VILLAGE				IAPOLIS, IN 46220		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA'	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
K0064	NFPA 101	DE CTANDADD					
SS=B	LIFE SAFETY CO						
		guishers are provided in all pancies in accordance with					
		6, NFPA 10					
		ation and interview, the	K00	064	K 064		09/29/2012
		maintain 2 of 2 portable			What corrective action(s) wil	I	
	•	nguishers in the kitchen			be accomplished for those		
		accordance with the			residents found to have beer	1	
	-	NFPA 10, Standard for			affected by the deficient practice		
	•	tinguishers, 1998 Edition.			No residents were identified for	r	
	NFPA 10, 2-3.2	•			the alleged deficient practice		
		ovided for the protection					
		ances using combustible			How will you identify other		
	0 11	•			residents having the potentia	al	
	•	vegetable or animal oils			to be affected by the same		
	*	listed and labeled for			deficient practice and what		
		FPA 10, 2-3.2.1 requires			corrective action will be take  No residents were identified for		
	a placard shall be	e conspicuously placed			the alleged deficient practice	Ji	
	near the extingui	sher which states the fire			• On 9/13/12 placards we	ere	
	protection system	n shall be activated prior			placed in a conspicuously place		
	to using the fire	extinguisher. Since the			near the two K-class portable		
	•	uishing system will			extinguishers stating: In case	of	
	•	ut off the fuel source to			appliance fire, use this		
		iance, the fixed system			extinguisher after fixed suppression system has been		
	•	ted before using a			actuated.		
	portable fire exti	•					
	•	table fire extinguisher is			What measures will be put in	to	
		otection. This deficient			place or what systemic		
					changes you will make to		
	•	fect any staff or visitors			ensure that the deficient practice does not recur		
	in the vicinity of	the kitchen.			Department		
					managers/designee will round	1	
	Findings include	:			daily to ensure a hazard free	-	
					environment		
	Based on observa	ations with the Director					
	of Maintenance	during a tour of the			How the corrective action(s)		

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	of correction identification number:  155292	(X2) MULTIPLE CO  A. BUILDING  B. WING	01 	COMPLETED  08/30/2012
	PROVIDER OR SUPPLIER  AN VILLAGE	2026 E	ADDRESS, CITY, STATE, ZIP CODE 54TH ST APOLIS, IN 46220	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	2.112
	facility from 12:10 p.m. to 2:55 p.m. on 08/30/12, a placard was not conspicuously placed near the two K-class portable fire extinguishers which states the fire protection system shall be activated prior to using the K-class portable fire extinguisher. One K-class fire extinguisher was observed in the kitchen and the second K-class fire extinguisher was located in the service corridor outside the kitchen door. Based on interview at the time of the observations, the Director of Maintenance acknowledged a placard was not conspicuously placed near the two K-class portable fire extinguishers stating the fire protection system shall be activated prior to using the K-class portable fire extinguisher.  3.1-19(b)		will be monitored to ensure to deficient practice will not recise., what quality assurance program will be put into place. Maintenance staff will conduct rounds. If concerns arise the data collected will be submitted to the CQI committee for review.  Compliance date: September 29, 2012	e e ee

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